

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)USE FEC MAILING LABEL
OR TYPE OR PRINT ▼Example: If typing, type
over the lines

Rob Miller for Congress

ADDRESS (number and street)
▼

219 Scott's Street

☐Check if different
than previously
reported. (ACC)

Beaufort

SC

29902

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00446559

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

SC

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☒

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

06

10

2008

in the
State of

SC

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2008

through

05

21

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Joan Hitt-Algar

Signature of Treasurer

Electronically Filed by Ms. Joan Hitt-Algar

Date

05

29

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Rob Miller for Congress

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 8

To:

M M
0 5D D
2 1Y Y Y Y
2 0 0 8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	49436.99	199258.41
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	49436.99	199258.41
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	178889.84	185235.44
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	178889.84	185235.44
8. Cash on Hand at Close of Reporting Period (from Line 27).....	120368.57	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	100000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name
Rob Miller for Congress

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	5	2	1	2	0	0	8

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	46476.99	189214.41
(ii) Unitemized.....	2960.00	10044.00
(iii) TOTAL of contributions from individuals..... ▶	49436.99	199258.41
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	49436.99	199258.41
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	40000.00	100000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	40000.00	100000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	89436.99	299258.41

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	178889.84	185235.44
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▷	178889.84	185235.44

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	209821.42
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	89436.99
25. SUBTOTAL (add Line 23 and Line 24).....	299258.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	178889.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	120368.57

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)

Bruce Algar

Mailing Address 33 Landing Lane

City

Bluffton

State

SC

Zip Code

29909

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bank of America

Occupation
Banker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: C3721328

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Suzan Boyd

Mailing Address 4645 Pine Grove Ct

City

Columbia

State

SC

Zip Code

29206-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: C3730753

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Jack Cordray

Mailing Address PO Box 22857

City

Charleston

State

SC

Zip Code

29413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 0 8

Transaction ID: C3827074

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)

Max Dent

Mailing Address 1900 Cofield Dr

City

West Columbia

State

SC

Zip Code

29169

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
RETIRED

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 8

Transaction ID: C3725036

Amount of Each Receipt this Period

320.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Max Dent

Mailing Address 1900 Cofield Dr

City

West Columbia

State

SC

Zip Code

29169

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
RETIRED

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: C3789633

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

John Freeman

Mailing Address 2329 Wilmot Avenue

City

Columbia

State

SC

Zip Code

29205-3164

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: C3717958

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1020.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)

Fayrell Furr

Mailing Address 3740 Indigo Run

City

Conway

State

SC

Zip Code

29526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Furr, Henshaw & Ohanesian

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 8

Transaction ID: C3852196

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Kenny Harrell

Mailing Address 22 Saturday Rd.

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer
Joye Law Firm L.L.P.

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C3753934

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Brad Hutto

Mailing Address 1330 Tolly Ganly Circle

City

Orangeburg

State

SC

Zip Code

29118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Williams & Williams

Occupation

Lawyer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: C3789639

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)

R. E. Jimison

Mailing Address PO Box 4207

City

Beaufort

State

SC

Zip Code

29903

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
optometrist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 8

Transaction ID: C3827479

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

John R. Jordan

Mailing Address 4869 Kilbourne Road

City

Columbia

State

SC

Zip Code

29206-4540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cherokee Inc.

Occupation
General Contractor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 8

Transaction ID: C3788921

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Daniel O. Legare

Mailing Address 3104 Marshall Blvd.

City

Sullivans Island

State

SC

Zip Code

29482

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legare & Bailey, LLC

Occupation
CPA

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 8

Transaction ID: C3788318

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)

Robert Lauransom Miller

Mailing Address 7 Fraser Street

City

Ladys Island

State

SC

Zip Code

29907

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Recruit's Depot

Occupation
Co-Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

196669.41

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: C3728984

Amount of Each Receipt this Period

106.99

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind: Campaign Cell
Phone

B.

Full Name (Last, First, Middle Initial)

Robert Lauransom Miller

Mailing Address 7 Fraser Street

City

Ladys Island

State

SC

Zip Code

29907

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Recruit's Depot

Occupation
Co-Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

196669.41

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 8

Transaction ID: C3852190

Amount of Each Receipt this Period

15000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Robert Lauransom Miller

Mailing Address 7 Fraser Street

City

Ladys Island

State

SC

Zip Code

29907

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Recruit's Depot

Occupation
Co-Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

196669.41

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 8

Transaction ID: C3852192

Amount of Each Receipt this Period

25000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

40106.99

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)

James Mosteller III

Mailing Address 1602 Huckleberry Drive

City

Aiken

State

SC

Zip Code

29803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mosteller Law Firm

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 8

Transaction ID: C3837885

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Andrew Prior

Mailing Address 398 Graham Avenue

City

Brooklyn

State

NY

Zip Code

11211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Balber Pickard Maldonado
and Van Der T

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 8

Transaction ID: C3789070

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Matthew Richardson

Mailing Address 718 Heidt Street

City

Columbia

State

SC

Zip Code

29205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wyche Burgess

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 8

Transaction ID: C3725197

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)

James Rion

Mailing Address 2720 Atlantic Ave

City

Sullivans Island

State

SC

Zip Code

29482-9658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richardson, Patrick, West-
brook & Brick

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: C3725201

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Alexander Sanders

Mailing Address 19 Water Street

City

Charleston

State

SC

Zip Code

29401

FEC ID number of contributing
federal political committee.

C

Name of Employer
College of Charleston

Occupation

Teacher

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: C3718520

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Joel Smith

Mailing Address 120 Edisto Ave

City

Columbia

State

SC

Zip Code

29205-3012

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: C3827922

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

46476.99

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 27

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)

Robert Lauransom Miller

Mailing Address 7 Fraser Street

City

Ladys Island

State

SC

Zip Code

29907

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Recruit's DepotOccupation
Co-Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

196669.41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	0	8

Transaction ID: C3852193

Amount of Each Receipt this Period

40000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

40000.00

TOTAL This Period (last page this line number only)

40000.00

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
Carey Campbell

Mailing Address 3900 Bentley Court, #218

City State Zip Code
Columbia SC 29218

Purpose of Disbursement
Consulting Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D151777

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Carey Campbell

Mailing Address 3900 Bentley Court, #218

City State Zip Code
Columbia SC 29218

Purpose of Disbursement
Travel and Expenses Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D151778

Date of Disbursement

/ /

Amount of Each Disbursement this Period

345.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Carey Campbell

Mailing Address 3900 Bentley Court, #218

City State Zip Code
Columbia SC 29218

Purpose of Disbursement
Travel and Expense Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D168234

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2145.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
Caroline McNulty, Inc.

Mailing Address PO Box 680453

City Marietta State GA Zip Code 30068

Purpose of Disbursement
Consulting Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D168236

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Caroline McNulty, Inc.

Mailing Address PO Box 680453

City Marietta State GA Zip Code 30068

Purpose of Disbursement
Staffing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D168237

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Caroline McNulty, Inc.

Mailing Address PO Box 680453

City Marietta State GA Zip Code 30068

Purpose of Disbursement
Consulting Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D151769

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
Caroline McNulty, Inc.

Mailing Address PO Box 680453

City State Zip Code
Marietta GA 30068

Purpose of Disbursement
Consulting Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D151770

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Crantford & Associates

Mailing Address 1500 Blanding Street

City State Zip Code
Columbia SC 29201

Purpose of Disbursement
District Survey

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D150744

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Crantford & Associates

Mailing Address 1500 Blanding Street

City State Zip Code
Columbia SC 29201

Purpose of Disbursement
District Survey (balance)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D151182

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

13000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
Daybreak Consultant Services

Mailing Address 2415 Pinehurst Road

City State Zip Code
Columbia SC 29204

Purpose of Disbursement
Field Operations

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D165315

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
EMBARQ

Mailing Address PO Box 96064

City State Zip Code
Charlotte NC 28296

Purpose of Disbursement
Phone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D150722

Date of Disbursement

/ /

Amount of Each Disbursement this Period

71.75

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
EMBARQ

Mailing Address PO Box 96064

City State Zip Code
Charlotte NC 28296

Purpose of Disbursement
Phone and Internet

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D151774

Date of Disbursement

/ /

Amount of Each Disbursement this Period

264.14

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

4335.89

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
Jabezz, LLC

Mailing Address PO Box 77

City State Zip Code
Orangeburg SC 29116

Purpose of Disbursement
Field Operations

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D168233

Date of Disbursement

/ /

Amount of Each Disbursement this Period

980.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
LUC Media

Mailing Address 25 Whitlock Place

City State Zip Code
Marietta GA 30064

Purpose of Disbursement
Media Time

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D168414

Date of Disbursement

/ /

Amount of Each Disbursement this Period

125000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Manse Management Company

Mailing Address PO Box 6300

City State Zip Code
Beaufort SC 29901

Purpose of Disbursement
Deposit and Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D150738

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

126980.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
McIntosh Consulting, LLC

Mailing Address 1803 Bowens Island Road

City Charleston State SC Zip Code 29412

Purpose of Disbursement
Consulting Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D151772

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
McIntosh Consulting, LLC

Mailing Address 1803 Bowens Island Road

City Charleston State SC Zip Code 29412

Purpose of Disbursement
Web page and art work

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D151773

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
McIntosh Consulting, LLC

Mailing Address 1803 Bowens Island Road

City Charleston State SC Zip Code 29412

Purpose of Disbursement
Campaign Consulting Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D150748

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2300.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

7650.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

Purpose of Disbursement
Campaign Cell Phone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D151776

Date of Disbursement

/ /

Amount of Each Disbursement this Period

106.99

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

* in-kind received

B.

Full Name (Last, First, Middle Initial)
James Moore

Mailing Address PO Box 65

City State Zip Code
Hampton SC 29924

Purpose of Disbursement
Field Operations

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D168235

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
James Moore

Mailing Address PO Box 65

City State Zip Code
Hampton SC 29924

Purpose of Disbursement
Field Operations

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D168232

Date of Disbursement

/ /

Amount of Each Disbursement this Period

750.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1106.99

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) SC Bank & Trust</p> <p>Mailing Address PO Box 1287</p> <p>City Orangeburg State SC Zip Code 29116</p> <p>Purpose of Disbursement Deposit Stamp Order</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D161489</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>25.35</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) SC Bank & Trust</p> <p>Mailing Address PO Box 1287</p> <p>City Orangeburg State SC Zip Code 29116</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D161490</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>1394.13</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) SC Bank & Trust</p> <p>Mailing Address PO Box 1287</p> <p>City Orangeburg State SC Zip Code 29116</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D161491</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 3 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>0.85</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

1420.33

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
SC Bank & Trust

Mailing Address PO Box 1287

City Orangeburg State SC Zip Code 29116

Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D161492

Date of Disbursement

/ /

Amount of Each Disbursement this Period

45.85

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
SC Bank & Trust

Mailing Address PO Box 1287

City Orangeburg State SC Zip Code 29116

Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D161493

Date of Disbursement

/ /

Amount of Each Disbursement this Period

79.29

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
SC Bank & Trust

Mailing Address PO Box 1287

City Orangeburg State SC Zip Code 29116

Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D161494

Date of Disbursement

/ /

Amount of Each Disbursement this Period

281.96

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

407.10

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
SCE&G

Mailing Address Box 1168
108 Robert Smalls Pkwy

City Beaufort State SC Zip Code 29901

Purpose of Disbursement
Utilities

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D151775

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.92

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
SCE&G

Mailing Address Box 1168
108 Robert Smalls Pkwy

City Beaufort State SC Zip Code 29901

Purpose of Disbursement
Utilities Deposit

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D150723

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
US Postmaster

Mailing Address 2001 Dixiana Road

City Columbia State SC Zip Code 29201

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D168238

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5176.56

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

5331.48

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A. Full Name (Last, First, Middle Initial)
Washington Promotions & Printing (DemStore.com)

Mailing Address 5125 MacArthur Blvd NW
Suite 14

City Washington State DC Zip Code 20016

Purpose of Disbursement
Banners (balance due)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D151767

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Washington Promotions & Printing (DemStore.com)

Mailing Address 5125 MacArthur Blvd NW
Suite 14

City Washington State DC Zip Code 20016

Purpose of Disbursement
Campaign promo (balance due)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D151768

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Washington Promotions & Printing (DemStore.com)

Mailing Address 5125 MacArthur Blvd NW
Suite 14

City Washington State DC Zip Code 20016

Purpose of Disbursement
Banners

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D150750

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1621.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A. Full Name (Last, First, Middle Initial)
Washington Promotions & Printing (DemStore.com)

Mailing Address 5125 MacArthur Blvd NW
Suite 14

City Washington State DC Zip Code 20016

Purpose of Disbursement
Campaign promo

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D150751

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6891.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Theresa White

Mailing Address P. O. Box 278

City Saint Helena Islan State SC Zip Code 29920

Purpose of Disbursement
Field Operations

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D155578

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

8391.50

TOTAL This Period (last page this line number only)

178889.84

SCHEDULE C (FEC Form 3)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 25 / 27

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Rob Miller for Congress

Transaction ID: L433

LOAN SOURCE Full Name (Last, First, Middle Initial)

Robert Lauransom Miller, PERS FUNDS

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 7 Fraser Street

City Ladys Island

State SC

ZIP Code 29907

Original Amount of Loan

60000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

60000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 3D D
3 1Y Y Y Y
2 0 0 8

12/31/2020

.0000 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Robert Lauransom Miller

Name of Employer

The Recruit's Depot

Mailing Address

7 Fraser Street

Occupation

Co-Owner

Amount

Guaranteed

60000.00

Outstanding:

City

State

ZIP Code

Ladys Island

29907

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

Amount

Guaranteed

Outstanding:

City

State

ZIP Code

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

Amount

Guaranteed

Outstanding:

City

State

ZIP Code

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

Amount

Guaranteed

Outstanding:

City

State

ZIP Code

SUBTOTALS This Period This Page (optional) ▶

60000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Rob Miller for Congress

Transaction ID: L474

LOAN SOURCE Full Name (Last, First, Middle Initial)

Robert Lauransom Miller, PERS FUNDS

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 7 Fraser Street

City Ladys Island State SC ZIP Code 29907

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 5D D
2 1Y Y Y Y
2 0 0 8

05/21/2020

.0000 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

40000.00

TOTALS This Period (last page in this line only) ▶

100000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 28931725470

Form/Schedule: **SB17** Confirmation # 32686949
Transaction ID: **D150722**
